

PO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 202902	RECEIPT DATE:	12 / 22 / 98
IA NUMBER: PCT/	KR98 / 00091	IA FILING DATE:	04 / 17 / 98
FAMILY NAME:	KIM	DELAY WAIVED (Y/N):	N
GIVEN NAME:	SANG-CHEOL	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	04 / 22 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	2729-055	COUNTRY:	KRX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER: 000000	TELEPHONE	7036841111
		FAX	
NAME:	BENJAMIN J HAUPTMAN		
	LOWE HAUPTMAN GOPSTEIN & BERNER		
STREET:	1700 DIAGONAL ROAD		
	SUITE 310		
CITY:	ALEXANDRIA		
STATE/COUNTRY:	VA	ZIP:	22314
EMAIL:			
APPLICATION TITLES:			
	METHOD OF DRIVING SURFACE DISCHARGE PLASMA DISPLAY PANEL		

TAB TO LAST POSITION,PUSH SEND

SERIAL NUMBER 09/202,902	FILING DATE 12/22/98	CLASS 345	GROUP ART UNIT 2775	ATTORNEY DOCKET NO. 2729-055
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APPLICANT

SANG-CHEOL KIM, SUWON-CITY, REPUBLIC OF KOREA; KWANG-HOON JEON,
SUWON-CITY, REPUBLIC OF KOREA; YOON-PHIL EO, SUWON-CITY,
REPUBLIC OF KOREA.

****CONTINUING DOMESTIC DATA******* *None*
VERIFIED

****371 (NAT'L STAGE) DATA******* *yes*
VERIFIED THIS APPLN IS A 371 OF PCT/KR98/00091 04/17/98

****FOREIGN APPLICATIONS******* *yes*
VERIFIED REPUBLIC OF KOREA 97-14995 04/22/97

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/23/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Met after Allowance	STATE OR COUNTRY KRX	SHEETS DRAWING 8	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 1
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Verified and Acknowledged

[Signature]
Examiner's Initials

[Signature]
Initials

ADDRESS

LOWE HAUSTMAN GOPSTEIN
~~GILMAN & BERNER~~
~~99 CANAL CENTER PLAZA~~ 1700 *Diagonal Rd.*
 SUITE ~~420~~ 310 PHONE: (703) 684-1111
 ALEXANDRIA VA 22314-2848

TITLE

METHOD OF DRIVING SURFACE DISCHARGE PLASMA DISPLAY PANEL

FILING FEE RECEIVED \$840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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